

into the deep group and the superficial variety. The deep group begins as a subcutaneous involvement, affecting the deeper structures while the superficial epitheliomata manifests themselves on the epidermis in the form of scaly dermatoses. All types come under one of these groups.

The point I wish to emphasize strongly in the treatment of skin cancer of the face and neck is the necessity for an early diagnosis. This usually falls to the lot of the general practitioner. He is the one who should warn the patient of danger and should preach the gospel of cancer extinction. The outcome depends largely upon whether or not the condition is diagnosed before metastasis takes place.

Successful treatment of skin cancer depends upon such factors as resistance of the individual, the type of lesion, the duration of the disease, the former treatment, as well as the age of the patient. After a complete history has been taken and after definite diagnosis has been made, then the overgrowth is destroyed by diathermic coagulation. Following this procedure the ultra-violet rays are used to stimulate granulation, and also to aid in the process of elimination of by-products which are harmful to the growth of new cells. The action of the rays is an aid in the production of a better cosmetic effect in the resultant scar. If the area is too extensive and if the periosteum is involved plastic surgery should be utilized.

In conclusion I wish to state that nothing has been discovered which surpasses radium in the treatment of skin cancer of the face and neck, especially if other physical agents, including high frequency, carbon dioxide snow, the water and air-cooled ultra-violet ray are used to supplement it. Finally the early diagnosis and the early treatment of benign lesions found so often on the face and neck may cause the disappearance of this dreaded disease. Let us all enroll in a society with the motto, "The early destruction of any form of hypertrophy."

The medical student is required to devote five years of his life to special study before he is entitled to practice as a fully qualified doctor. Now a period of five years is a big slice out of one's life: the average expectation of life at birth for the people of these islands is fifty-five years, and thus the minimum medical curriculum represents the eleventh part of that expectation.

These five years—say from 18 to 23—are some of the best years, perhaps the best, of the student's life. It is at least unlikely that the years succeeding them, bringing as they inevitably will serious responsibilities and (after the meridian) progressively waning powers, will provide him with a fuller measure of happiness than he is capable of snatching from those previous five years of student life.

Let not the student therefore look upon these years of probation as a long-drawn-out period of irksome bondage, from which release into joyous freedom is only to be achieved by successfully surmounting a series of disagreeable obstacles in the shape of test examinations. Let him rather count each individual day of his curriculum as part of the great gift of life at its most entrancing phase. Seeing that, once passed, it never returns, let each day be lived and enjoyed to the full.—*The Medical Press and Circular* (London).

The total number of known lepers in the United States is somewhere in the neighborhood of 300, and it is probable that not far from an equal number remain unrecognized.—*Med. Times*.

## CLINICAL NOTES, CASE REPORTS AND NEW INSTRUMENTS

### ACRODYNIA

#### CASE REPORT

By J. W. ROBINSON, M. D.  
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(From the Diagnosis Division, Los Angeles County Health Department)

EDITOR'S NOTE: A. J. Scott, Los Angeles, in the July, 1926, issue of CALIFORNIA AND WESTERN MEDICINE in his article on "Acrodynia" also reports a case.

ACRODYNIA is probably more frequent than the limited number of reported cases would indicate. Possibly most of the cases are not recognized.

In November, 1920, Byfield,<sup>1</sup> reported a case. The masterful article by Bilderback<sup>2</sup> gives a rather complete bibliography. An editorial in the *Journal of the American Medical Association*, October 17, 1925, calls attention to this disease; and Rodda<sup>3</sup> reports seventeen cases.

The following patient exhibited no special features, but a report is made thereon in order to call attention of more of our colleagues to this disease.

B. S., a 6½-year-old girl, had an onset during November, 1926, exhibiting general malaise with anorexia, indefinite pains in the stomach and transitory pains in the joints. These symptoms had followed some dental work. Her physician concluded that the symptoms were due to absorption of toxins, and the child was referred to a dentist who extracted one of the filled teeth. The symptoms continued with the addition of perspiration and a burning feeling in the hands and feet.

The child was now taken to another physician who stated frankly that he did not know what the condition was and suggested that she be taken to a hospital clinic. In January this was done and, because of the drowsiness and prostration, a provisional diagnosis of epidemic encephalitis was made. Further observation, including a lumbar puncture and examination of the spinal fluid, convinced the hospital physicians that the child did not have epidemic encephalitis.

After a few days the child was allowed to go home without a definite diagnosis having been established. The eruption on the hands and feet was diagnosed as prickly heat.

I was asked to see this child on March 8. I found her with typical symptoms of acrodynia. The hands and feet were intensely red with marked desquamation. There were a few vesicles around the fingers and on the toes. To the touch, the hands and feet, forearms and legs, were extremely cold. The degree of weakness was extreme and there was a fair degree of photophobia. Perspiration was so extreme the mother stated that she could hardly change the bed clothes frequently enough to keep them dry. There was a marked degree of anorexia. The child complained of various pains. These were transitory and referred to various parts of the body. The diagnosis of acrodynia was made.

The child was placed on a rather liberal diet, with the addition of cod-liver oil and orange juice. Within two weeks' time there was an improvement, followed by a

1. Byfield, A. H.: *American Journal Diseases Childhood*, 20:347, November, 1926.

2. Bilderback, J. B.: *Journal of the American Medical Association*, 84:495, February 14, 1925.

3. Rodda, F. C.: *American Journal Disease of Childhood*, 30:224, August 1925.

slight relapse in the condition of the hands and feet. However, this lasted only a few days. At the present date the child has apparently made complete recovery except that full strength and lost flesh has not been fully regained. Whether a well-regulated diet with an adequate supply of vitamins has caused the improvement is difficult to determine. The duration of the illness was such that she might have reached that stage where improvement would have occurred under any régime.

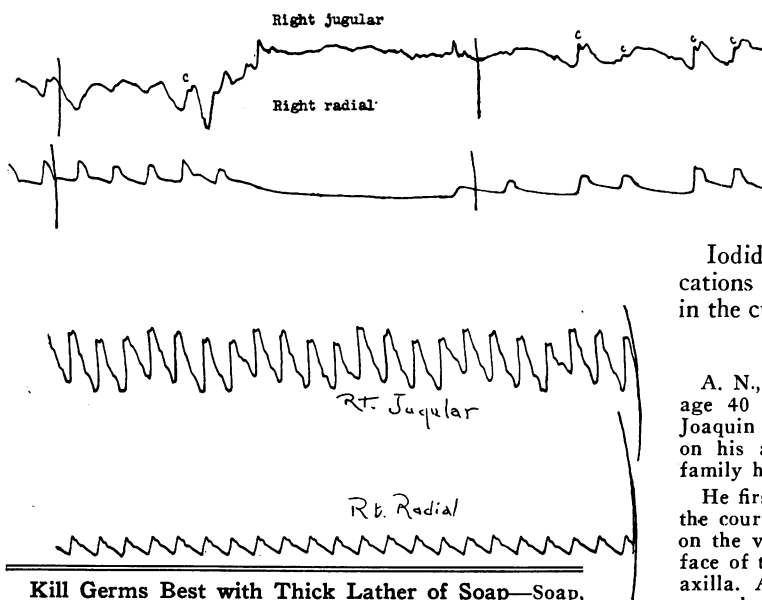
There are many features about this disease that parallel pellagra, rickets, and beri-beri. The suggestion that acrodynia may be a nutritional disorder with a possible insufficient supply of vitamins, seems worthy of careful investigation.

### EPHEDRIN IN ADAMS-STOKES SYNDROME

By MERRILL HOLLINGSWORTH, M. D.

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Ephedrin would be expected to have the same effect on Adams-Stokes syndrome as epinephrin, except that the influence of the former should be more lasting. Subjoined is a polygram of a woman, age 68, who had been having an average of three attacks every ten minutes, which prevented her sitting up. Barium chloride was given, but no effect was noted with the recommended dosage 0.03 gram t. i. d. On giving ephedrin, one 0.05 gram capsule by mouth, the attacks ceased within thirty minutes, and did not recur for thirty-six hours. On taking one capsule each morning she was completely freed from the attacks, and was able to resume her household duties. After taking the drug three weeks, it was withheld, but the attacks recurred in forty-eight hours, so its use was resumed. It was interesting to note that the feeling of trembling in the knees that accompanied the administration of ephedrin the first few days disappeared on its continued administration.



**Kill Germs Best with Thick Lather of Soap**—Soap, according to investigators in the United States Army Medical Corps, is the most valuable ingredient of any of the dentrifices in relation to the prevention of infection, reports *Hygeia*. When the soap is applied as a thick lather and allowed to remain for a considerable time the most efficient antiseptic effect of the soap is secured. Immediate rinsing reduces the germicidal action to about one-fifth of the usual activity.

The use of ordinary toilet soap or dentrifices containing soap, and most powder and paste dentrifices generally contain ingredients of a soapy character, affords especial protection against infection with the organisms causing Vincent's angina.

### CUTANEOUS SPOROTRICHOSIS

CASE REPORT

By PERCY B. GALLEGOS, M. D.  
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**S**POROTRICHOSIS is defined by Sutton as an infectious, parasitic disease, due to a species of sporothrix, and characterized by the formation of multiple abscesses in the skin and subcutaneous structures, and, occasionally, in one or more of the internal organs.

The first description of the condition was made by Schenck in 1898. Since that time several cases have been reported in both the United States and Europe.

The characteristic picture is one of a string of subcutaneous nodules, which develop along the course of the lymphatics, most frequently on the extremities or face. After a time these soften and form painless abscesses. These in turn perforate, leaving fistulas or ulcerated areas discharging a purulent material. The lesions are often mistaken for those of syphilis or tuberculosis. They rarely heal without treatment.

The disease is caused by an aerobic fungus, the *sporotrichum schenkii* of Smith. It has been recovered but a few times from the lesions in man, and has been isolated occasionally from the blood of those suffering from the cutaneous form.

Several species of sporothrix have been described; but recent work tends to show that some of them at least are identical with *s. schenkii*.

The microscopic picture resembles the lesions of cutaneous syphilis or tuberculosis.

Lesions similar to those described above which do not yield to ordinary treatment should be investigated in regard to sporotrichosis infection. An attempt should be made to identify the causative organism by smear or culture. Tuberculosis, syphilis, and blastomycosis should be ruled out.

Iodides internally are specific. Local applications of the tincture or Lugol's Solution aid in the cure.

#### REPORT OF A CASE

A. N., Italian, male, ragpicker and paper sorter, age 40 years, reported to the clinic of the San Joaquin Local Health District complaining of sores on his arms of ten months' duration. Past and family history were not remarkable.

He first noticed a nodule on the left wrist, and in the course of a week or so several more appeared on the volar aspect of the forearm and inner surface of the arm three-fourths of the distance to the axilla. After a time some of these broke down and started to discharge. When seen the condition was progressing.

On examination he was found to have a string of the characteristic lesions on the left arm and forearm. Some were subcutaneous nodules, while others had broken down and were discharging through the skin.

The Wassermann was negative. An attempt to isolate the fungus was unsuccessful.

The patient was given sodium iodide gr. xx t. i. d., and the lesions painted with tincture iodine. In the course of a week marked improvement was noted and in a month healing was complete.